

Proposal No. 2017M-028EN-001



CERTIFICATE OF LIABILITY INSURANCE

1045T-1 OP ID: RL

DATE (MM/DD/YYYY)
07/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Crichton Group 2000 Polaris Parkway P O Box 728 Columbus, OH 43216-0728 Crichton Group House		CONTACT NAME: Crichton Group House PHONE (A/C, No, Ext): 888-325-2175 E-MAIL ADDRESS: FAX (A/C, No): 614-796-7732	
INSURED 104 5th Ave So Investors LLC PO Box 2872 Brentwood, TN 37024-2872		INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company NAIC # 24112 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CWP7580799	04/25/2017	04/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CWP7580799	04/25/2017	04/25/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CWP7580799	04/25/2017	04/25/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Ponchs & Lefty 104 5th Ave S., Nashville, TN 37203
Metro Government of Nashville & Davidson County Metro Legal & Claims c/o Insurance & Safety Division is named as an additional insured with respect to ongoing operations of the named insured for the certificate holder when required by written contract or agreement.

CERTIFICATE HOLDER Metro Government of Nashville & Davidson County Metro Legal & Claims 222 Third Avenue N. Ste 501 Nashville, TN 37201	METNA-9	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Kim Carter</i>
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ACORD 25 (2014/01)

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NOTEPAD:

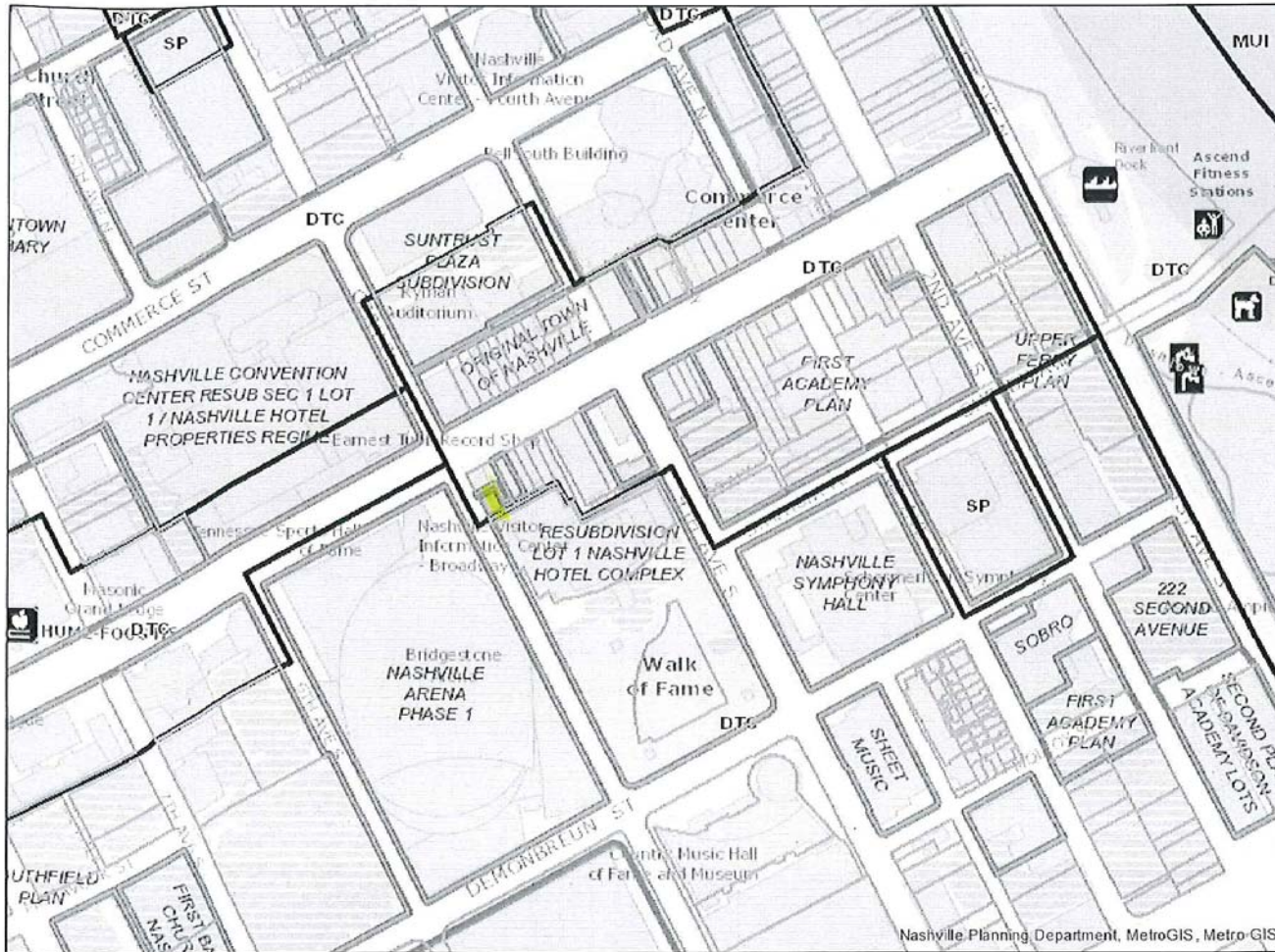
HOLDER CODE METNA-9
INSURED'S NAME 104 5th Ave So Investors LLC

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OP ID: RL

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Date 07/13/2017

A 30 day notice of cancellation applies with the exception of 10 days for nonpayment of premium. All policy terms, conditions & exclusions apply.

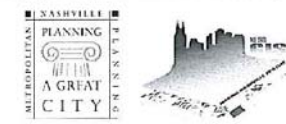
Nashville / Davidson County Parcel Viewer

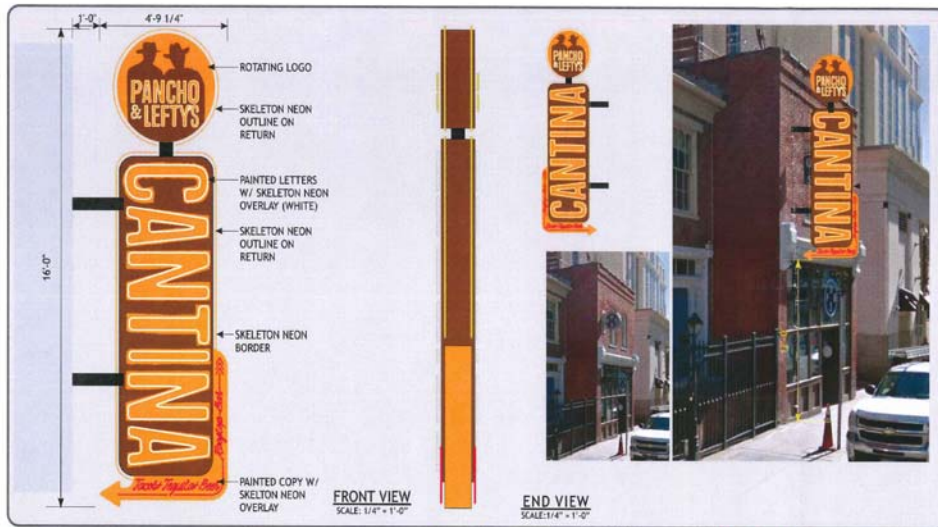


- Legend**
- Override 1
 - Ownership Parcels
 - Planned Unit Development
 - Floodplain Overlay District
 - Zoning

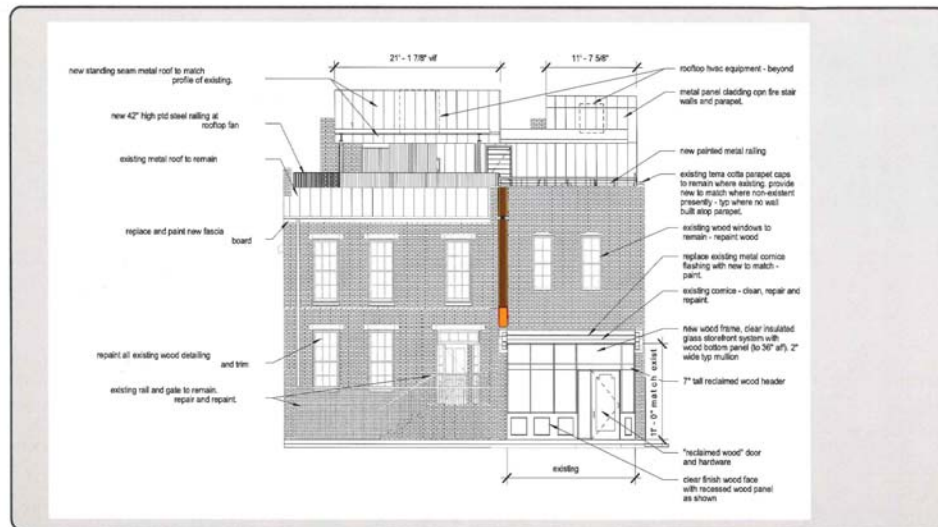
Nashville Planning Department, MetroGIS, Metro-GIS

Date: 6/6/2017

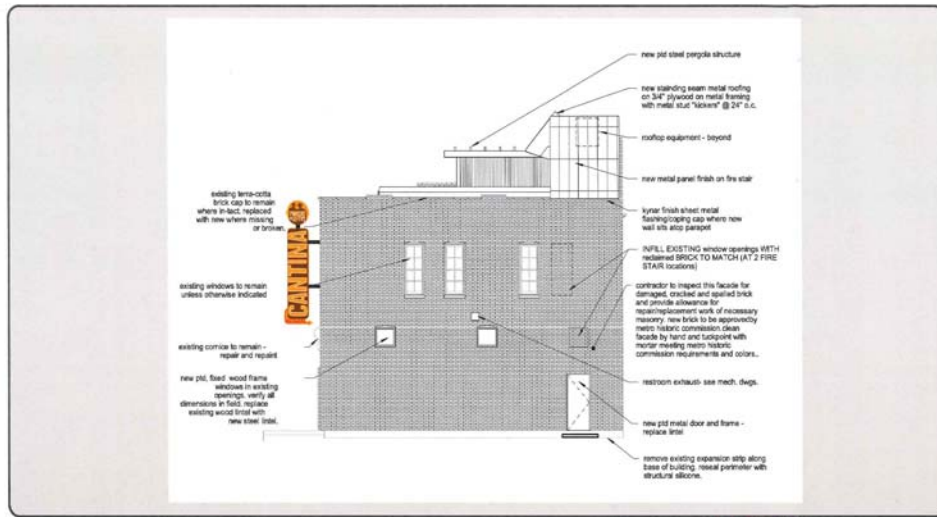




PANCHO & LEFTY'S LOCATION: NASHVILLE, TN		SPECIFICATIONS & FINISHES: 1. FABRICATE/INSTALL ONE(1) OF PROJECTING SIGN AS ILLUSTRATED AND SPECIFIED.	DESIGNED BY: A. TORREJON DATE: 05-01-17	APPROVALS: CUSTOMER:	JOSLIN AND SON SIGNS <small>400 Nashville Rd Nashville, TN 37210 (615) 266-3663 (800) 642-9887</small>
JOB CONTRACT NAME: PROJECT ADDR: HOUSE			WORK ORDER NO.: XXXXXX	INSTALLATION:	
DRAWING NO: 170321-H20-01			PMS 463 PMS 143 WHITE	PROJECT MANAGER:	
			PAGE 1 OF 1		



PANCHO & LEFTY'S LOCATION: NASHVILLE, TN		SPECIFICATIONS & FINISHES: 1. FABRICATE/INSTALL ONE(1) OF PROJECTING SIGN AS ILLUSTRATED AND SPECIFIED.	DESIGNED BY: A. TORREJON DATE: 05-01-17	APPROVALS: CUSTOMER:	JOSLIN AND SON SIGNS <small>400 Nashville Rd Nashville, TN 37210 (615) 266-3663 (800) 642-9887</small>
JOB CONTRACT NAME: PROJECT ADDR: HOUSE			WORK ORDER NO.: XXXXXX	INSTALLATION:	
DRAWING NO: 170321-H10-01			PMS COLORS TO BE DETERMINED	PROJECT MANAGER:	
			PAGE 1 OF 1		



PANCHO & LEFTY'S	
LOCATION:	NASHVILLE, TN
JOB CONTACT NAME:	PROJECT MGR: HOUSE
DRAWING NO.:	170321-H10-01

SPECIFICATIONS & FINISHES:
 1. FABRICATE/INSTALL ONE(1) DF PROJECTING SIGN AS ILLUSTRATED AND SPECIFIED.

PMS COLORS TO BE DETERMINED

DESIGNED BY:	DATE:
A. TORREJON	05-01-17
WORK ORDER NO.:	
XXXXXX	
PAGE	OF
1	1

APPROVALS
CUSTOMER:
INSTALLATION:
PROJECT MANAGER:

